



# NAVY AND MARINE CORPS MEDICAL NEWS

**April 2013**

## **MEDNEWS Items of Interest**

April highlights Navy Medicine's support to Sexual Assault Awareness and Prevention Month. During this month, Navy Medicine will focus its efforts on awareness and prevention of sexual violence through command-level education and special events.

April celebrates the Month of the Military Child.

May 13th marks the 105th birthday of the Navy Nurse Corps.

Check out Naval Hospital Camp Pendleton's video on Medical Home Port on the USNavyMedicine YouTube page: <http://goo.gl/CoIX2>.

Drug Take Back Day is April 27. Find drug disposal stations near you with the Drug Enforcement Agency's on-line site locator: <http://goo.gl/Kz4zf>.

Find us on Facebook. U.S. Navy Bureau of Medicine and Surgery, follow us on Twitter @NavyMedicine, read our publications on Issuu, check out our photos on Flickr, watch our videos on YouTube and read our blog on Navy Live.

## **Navy Surgeon General holds first virtual leadership symposium**

**By Valerie A. Kremer, U.S. Navy Bureau of Medicine and Surgery Public Affairs**

FALLS CHURCH, Va. - The Navy Surgeon General held the first virtual Navy Medicine Leadership Symposium, titled "Charting the Course," at the Defense Health Headquarters April 8.

Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general, and chief, Navy Bureau of Medicine and Surgery, spoke to over 200 Navy Medicine personnel worldwide through 40 video teleconferencing sites, more than 100 audio lines, and on-site participants at the event.

"Our number one job is readiness," said Nathan. "We are the only service that is required to provide 21st Century care at the individual and society level; above

the sea in aviation; on the sea in surface medicine; below the sea in undersea medicine; and on the land with the Marine Corps, Special Forces and Navy detachments. We are America's away team."

The half-day symposium was conducted virtually as a result of fiscal restrictions placed upon the Department of Defense for travel and conferences and focused on Nathan's expectations, priorities, challenges and the direction of Navy Medicine.

"We have made more strides than any other organization in the military health system in capturing care, and getting care back within our systems," said Nathan. "I attribute that solely to Navy Medicine leadership and your passion for under-

*See Symposium, Page 3*



*Photo by Valerie A. Kremer*

Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general and chief, U.S. Navy Bureau of Medicine and Surgery, speaks to over 200 Navy Medicine personnel worldwide at the first virtual Navy Surgeon General Leadership Symposium. Nathan discussed his expectations, priorities, challenges and the direction of Navy Medicine through 40 video teleconferencing sites, more than 100 audio lines, and with on-site participants at the event.

## **Did You Know?**

The Navy Hospital Corps is made up of more than 26,000 Sailors and is the most highly decorated rating in the Navy.

# Navy Medicine supports sexual assault awareness and prevention

**M**any of you are familiar with my philosophy of "Ship, Shipmate and Self." In the Navy and Marine Corps, we ensure the mission is accomplished, we watch out for our comrades and we must take care of ourselves. When it comes to preventing and stopping sexual assault, the same applies. Sexual assault strikes at the dignity, health, and welfare of our people, it erodes trust and cohesion, and it undermines the readiness of our force. Together, we must combat sexual assault crimes.

April marks Sexual Assault Awareness and Prevention Month. During this month, Navy Medicine will focus its efforts on awareness and prevention of sexual violence through command-level education and special events.

Sexual assault prevention is a priority year-round, but this month I want to stress what Navy Medicine is doing to tackle this issue and how we must come together to prevent sexual assault every day of the year.

While we work to eliminate this crime

from our service, we will continue to care for the victims when these unfortunate incidents do occur. It is crucial we support the sexual assault victim and hold offenders accountable. When a victim tells us that they have been sexually assaulted, we believe them and protect their privacy. We must create safe environments free from sexual assault and harassment.

Navy Medicine is committed to the quality of care we provide to victims. We're increasing the capability to provide timely, readily accessible medical-forensic examinations (Sexual Assault Forensic Examination - SAFE). Last month, we made revisions to Navy Medicine policy establishing training requirements for health care providers to conduct SAFE

examinations. Standardized SAFE increases capability and improves the patient experience. Standardization also allows for consistent evidence collection and reporting whether it is at

one of our military treatment facilities at home or in a forward-deployed operational area.

Recent sexual assault prevention and response program changes have also resulted in increased access for patients and improved readiness for our Navy Medicine providers. Specifically, as a result of the recent SAFE policy update, our Regional Commanders are ensuring the availability of sexual assault medical response capability 24 hours a day, seven days a week for all our service members. Navy Medicine Regional Commanders are also in the process of appointing a Regional Sexual Assault Program Manager to ensure that the Department of Defense standard of care of sexual assault victims is met at the local medical command level.

Awareness and support of those affected by sexual assault is critical, but prevention is vital. We are leaders at every level, and I expect you to exert compassionate and intrusive leadership to stamp out anything that fosters a condition



**Vice Adm. Matthew L. Nathan**  
U.S. Navy Surgeon General

where sexual assaults could occur. Look into any trends or occurrences of sexual assault, unwanted behavior, or on-duty or off-duty atmosphere where trouble can arise. We also need to pay attention to the use and prevent the abuse of alcohol. In many cases, alcohol is a contributing factor in sexual assaults.

Every command has access to a sexual assault response coordinator for witnesses and/or victims to report issues. Don't be that person shaking their head after the fact saying "I saw this coming and I didn't do enough to prevent it."

I take this issue very seriously, and I expect you to do the same. We will be a stronger military, a stronger Navy and a stronger Navy Medicine enterprise as we stand together to combat sexual assault crimes.

Somewhere out there is a young man or woman who is considering either joining, or staying in our Navy. As they consider the pros and cons for themselves, one of them must never ever be fear of sexual assault or inappropriate sexual behavior. Not in my Navy! Not in our Navy!

I am so very proud of the work you do each day. Let's lead together to a Navy that sets the example in honor, courage, and commitment. Thank you for your service and as always, it is my honor and privilege to serve as your surgeon general.



**"We will be a stronger military, a stronger Navy and a stronger Navy Medicine enterprise as we stand together to combat sexual assault crimes."**

**Vice Adm. Matthew Nathan**  
U.S. Navy Surgeon General



**Navy and Marine Corps  
Medical News**

**U.S. Navy Bureau of Medicine and Surgery**

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# PSYCHIATRIST KEEPS TABS ON MENTAL HEALTH

By Sgt. Ned Johnson, II Marine Expeditionary Force (Forward)

CAMP LEATHERNECK, Afghanistan - One hundred years ago, mental health professionals conducted what might have looked like torture techniques to cure their patients.

Today, the leather couch in a psychiatrist's office might be just as daunting for some Marines as those torture devices, but treating combat stress is still important.

For Marines with Regimental Combat Team 7, the proverbial couch is often associated with a visit by the Observational Stress Control and Readiness Team, or OSCAR Team.

The team here is made up of Sailors who travel the area of operations providing mental health assessments and giving Marines an opportunity to talk about their stress.

"You could say the paradigm is changing," said Navy Lt. Dennis White, a psychiatrist with the RCT-7 OSCAR Team. "Now instead of (a Marine) coming to us for help, we go to them."

There are several levels of OSCAR training designed to help identify combat stress and traumatic brain injury as early as possible. Having the different levels helps the system work, White said.

## Symposium

From page 1

standing that the trajectory of cost in the Department of Defense for health care is non-sustainable. You have really made a difference in educating yourselves and the deck plate and that's where the answer lies - at the deck plate."

Nathan noted the cost of health care being a significant factor in the future of the military health system.

"The cost of medicine affects everyone," said Nathan. "It will be a factor as we evolve into the defense health agency and as we reorganize the sizes and shapes of our military treatment facilities around the world."

Nathan also discussed the importance of resiliency within Navy Medicine, training, preventive health care, and taking care of "ship, shipmate and self."

"We have come through over a decade of war together," said Nathan. "Be shipmates that watch out for each other. You are some of our best warning systems in existence. You are intrusive leaders. That is the key of taking care of one another."

Other speakers at the symposium updated the Navy Medicine participants about suicide prevention, sexual assault, diversity, the enlisted force chartered course, inspector general report, and the Navy Medicine strategic plan and goals of readiness, value, and jointness.

Force Master Chief Sherman Boss, director, U.S. Navy Hos-



Photo by Sgt. Ned Johnson

Navy Lt. Dennis White, a psychiatrist with the Regimental Combat Team 7 (RCT-7) Observational Stress Control and Readiness Team, discusses a Traumatic Brain Injury pie chart with Hospital Corpsman 3rd Class Allan Lee, with the RCT-7 OSCAR Team. The OSCAR Team provides counseling and mental health support to Marines and sailors in the RCT-7 area of operations.

Getting to know the Marines personally helps the OSCAR Team identify issues early and before they develop into a larger problem said White, a 33-year-old native of Dagsboro, Del.

While White and his corpsman assis-

tant, Hospital Corpsman 3rd Class Allan Lee, are based here, they often travel the area of operations to provide support to the Marines. Some of their trips specifi-

See *Psychiatrist*, Page 5

pital Corps, discussed the current status of Navy Medicine's enlisted force.

"Hospital corpsmen are the backbone of Navy Medicine," said Boss. "Navy Medicine has set the standard in battlefield trauma, emergent and non-emergent health care, preventive medicine and wounded warrior care. With over 26,000 Sailors strong, this highly decorated rating continues to meet the demands of today just as we have in the past. These Sailors are the future of our Navy and our rich heritage is strengthened by them."

In closing, Nathan discussed the future of military medicine and topics that will be a focal point for Navy Medicine personnel.

"We are looking hard at what is the next evolution of medicine in the military - how should we practice it, how should we provide it," said Nathan. "We are emulating and sometimes leading trends in civilian and academic sectors of health care in Navy Medicine. As we deal with generations that are wired in and dialed in, we will need to look at how they want to receive their health care, how we're going to put health care at sea in a level of sophistication that has never been seen before, how we're going to leverage telemedicine, asynchronous messaging, Medical Home Port, and new transduction therapies. All these things are on the horizon and we have to constantly be asking ourselves if more brick and mortar is what we need for care or if we need to make our care as virtual as possible."

# NMCPHC launches Reproductive, Sexual Health Campaign

By Navy and Marine Corps Public Health Center Public Affairs

PORTSMOUTH, Va. - The U.S. Navy and Marine Corps Public Health Center's (NMCPHC) Health Promotion and Wellness (HPW) campaign announced the launch of its Reproductive and Sexual Health program Apr. 11.

The sub-campaign is part of a Fleet-wide effort to encourage Sailors, Marines, their families and health educators to access resources about preventing sexually transmitted infections (STIs), like HIV, and unintended pregnancies.

These prevention strategies aim to increase the health and readiness of the Navy and Marine Corps forces.

The timing of the announcement is aligned with NMCPHC's Sexual Health Month and the Center for Disease Control and Prevention's Sexually Transmitted Disease (STD) Awareness Month.

"April is NMCPHC Sexual Health Month - an opportunity for every command to help their shipmates 'chart a safe course' with the free, easy-to-use materials in our April Health Promotion Toolbox," said Mr. Michael R. (Bob) MacDonald, NMCPHC Public Health Educator.

NMCPHC's Sexual Health and Responsibility Program (SHARP) is the cornerstone of the Reproductive and Sexual Health sub-campaign.

According to MacDonald, SHARP is an effort to create a cultural norm within the Navy and Marine Corps in which sexual health is encouraged, supported and expected.

SHARP aims to reduce the occurrence of STIs, including

HIV, and unplanned pregnancies among Sailors, Marines and their families to levels specified in selected Healthy People 2020 Objectives.

Practical tools, educational resources and prevention strategies are available through the SHARP sub-campaign website, including best practices for preventing STIs and HIV, and information about long-acting reversible contraceptives (LARCs), such as birth control implants and intrauterine devices (IUDs), to help Sailors and Marines navigate family planning.

To access and download Reproductive and Sexual Health materials visit: <http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/reproductive-and-sexual-health.aspx>.

The Reproductive and Sexual Health sub-campaign is part of the NMCPHC's HPW Campaign, which provides innovative and evidence-based health promotion and wellness programs and services that facilitate readiness and resilience, prevent illness and injury, hasten recovery and promote lifelong healthy behaviors and lifestyles.

HPW aligns with the 21st Century Sailor and Marine Initiative, a set of objectives and policies across a spectrum of wellness, that maximizes each Sailor's and Marine's personal readiness to hone the most effective combat force in the history of the Department of the Navy (DoN); as well as "Operation Live Well," a Defense Department campaign targeting service members, veterans and military operational leaders encouraging them to live healthy and active lifestyles.



## Camp Lemonnier surgical team assists in limb-saving surgeries

By Lt. j.g. Lily Daniels, Camp Lemonnier Public Affairs

DJIBOUTI - Four U.S. Navy medical personnel from the Camp Lemonnier Expeditionary Medical Facility assisted the local surgical team at Bouffard Hospital here April 4 after receiving a request for surgical assistance.

A direct call for support was received from the Government of Djibouti after a vehicular accident occurred involving multiple Djiboutians, four of which required surgery.

Bouffard Hospital received eight patients, and EMF Senior Medical Officer Cmdr. Henry Lin, general surgeon, responded with surgical assistance.

"It was fortunate we were in the area

when we received the call because it decreased the time from injury to surgery," said Lin.

Lin, along with Lt. Cmdr. Craig Vass, a certified registered nurse anesthetist, and Lt. Yves Eyike, a registered nurse, are members of the EMF surgical team.

Eyike, who was already at Bouffard,

was joined shortly by Lin, Vass and Lt. j.g. Patrick Link, a physician assistant, who were returning from conducting a medical Eng-

lish language exchange with local medical students.

"We found out that there was one surgeon on staff (at Bouffard) and the orthopedic surgeon was on leave," said Lin. "The staff surgeon opened up the second

operating room so we could operate more efficiently."

The EMF personnel assisted with three surgical procedures for loss of limb prevention and preservation of function purposes.

"The procedures we performed reduce pain as well as the chance of nerve and vascular injury. It also stops them from losing their appendage," said Vass.

One of the patients presented with a dislocated ulna in addition to multiple upper and lower arm fractures. The other two patients had femur fractures.

"The patients may require follow-on surgery when the (Bouffard) ortho surgeon returns in a week," said Lin.

The EMF personnel left the patients in stable condition.

"The CLDJ EMF personnel performed brilliantly and I was proud of their assist to our host nation with this unfortunate situation," said Capt. Kevin Bertelsen, commanding officer for Camp Lemonnier.

**"The CLDJ EMF personnel performed brilliantly and I was proud of their assist to our host nation with this unfortunate situation."**

**Capt. Kevin Bertelsen**  
commanding officer, Camp Lemonnier



# Bremerton staff perform high-tech labor, delivery procedure

By Mass Communications Specialist  
1st Class James Evans Coyle, Naval  
Hospital Bremerton Public Affairs

BREMERTON, Wash. - Naval Hospital Bremerton's Labor and Delivery Staff conducted a simulated birth with their simulator mannequin mother "Noelle," who gave birth to her simulator baby "Hal," April 9.

Doug Jones, Education and Training Department Medical Simulation operator, said the Labor and Delivery staff came through the evolution with a sense of accomplishment having never tested the birthing procedure with the robotic mother and baby before.

"One of the most significant features with the new Noelle and baby Hal are the wireless capabilities," said Jones. "These new devices are run off of tablets that allow the simulation technician or proctor to roam and change input and data quickly. The most impressive feature is the fact that Noelle actually delivers an infant through the birthing canal. Like any wireless situation there can be some infrequent disruption with a signal from the tablet to the receiver. Noelle being the receiver, we did have to restart the process once but everyone got a lot out of it. Similar to if a woman was having contractions and then stopped for whatever reason."

Jones added that the arrival of the two new Simulation Lab medical mannequin

simulators has put NHB into an excellent hands-on educational position, which many outside facilities are now looking to utilize.

"This hospital is now the best equipped for all types of Labor and Delivery simulation in all of Kitsap County," said Jones. "Having this technology has been helpful because we're now able to recreate birthing scenarios (good and bad) with zero risk to a human life. It also relieves the stress associated with a real birth and provides time to really learn the birthing process. The simulators benefit our beneficiary population in the sense that doctors, nurses and corpsmen will be that much more practiced and educated in Labor and Delivery and OB/GYN procedures."

Although the simulator is primarily located on the 7th deck of the hospital in the Education and Training Department, Lt. Patricia Butler, NHB's perinatal clinical nurse specialist, noted that a big advantage in the new Noelle simulator is the mobility.

"It's such a more realistic and advanced version of the older model," said Butler. "This Noelle model is anatomically correct in every way to provide superior overall training. Also, to be able to bring the simulator into Labor and Delivery, into our location where we deliver actual babies makes for an enhanced, better, well-rounded training experience in our familiar surroundings."



Photo by Mass Communications Specialist 1st Class James Evans Coyle

Labor and Delivery Staff at Naval Hospital Bremerton work with "Noelle" a simulator that delivers her baby "Hal" during a training session on Apr. 9.

Jones also attests that another function of Noelle is its ability to be programmed to speak phrases and words through the technician's input via the Operator Tablet.

"She (Noelle) acted like an actual woman giving birth with the realistic words that came out of her mouth," said

*See Procedure, Page 6*

## Psychiatrist

From page 3

cally target units who have seen intense combat.

"Usually we will go to a base after a Marine has been killed in action," White said. "We will give the unit a 30-minute class on (the signs and symptoms of combat stress) and then usually the next day we will see Marines come in and ask to talk to someone because they believe they have some of the symptoms."

White, who got his doctorate from Uniformed Services University, said travelling to smaller bases allows the Marine to get help without having to leave his current unit or base.

The OSCAR Team understands that not everyone wants to talk to a psychiatrist, but Lee said being an enlisted service member helps.

"There's certainly a stigma that comes with mental health on the enlisted side," said Lee, a 26-year-old native of Sacramento,

Calif. "I think it helps that they can come talk to me."

White and Lee want to help the Marines resolve their issues while minimizing the air of mental instability. If a Marine seeks help it does not mean he is unstable and will be processed for separation.

One way the OSCAR Team helps Marines feel more comfortable with treatment is by allowing them to maintain their professionalism and warrior ethos.

"We do our best to keep the Marines as Marines," White said. "We are honest with them and want them to know their career is not over."

White and Lee spend a good deal of time travelling around the RCT's area of operations which can be tiring and stressful, but White is doing what he wants to do, where he wants to do it.

"I wanted to practice military psychiatry," said White, an alumnus of Holy Cross in Worcester, Mass. "I love being out here and being with the Marines."



**View more Navy Medicine photos online at:**  
**[www.flickr.com/photos/navymedicine/](http://www.flickr.com/photos/navymedicine/)**



# Naval Hospital Bremerton recognizes Sexual Assault Awareness Month

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - Sailor helping Sailor was the fundamental theme as Naval Hospital Bremerton (NHB) staff members gathered on April 12 to recognize the entire month as Sexual Assault Awareness Month (SAAM).

"In an ideal world we wouldn't be here. But we need to get ahead of the blight that is sexual assault," said Capt. Christopher Culp, NHB Commanding Officer.

"It is important for us to recognize Sexual Assault Awareness Month to reinforce our message of support for victims and zero tolerance for perpetrators," said Lt. Kristi Deily, NHB Sexual Assault Prevention and Response Program (SAPR) coordinator.

Deily attests that the Navy benefits from improved morale and mission readiness by maintaining Sailors trust by taking care of their most personal issues, by not revictimizing them, and by holding perpetrators accountable.

The event was highlighted by guest speaker Tami Chesson, who shared her harrowing tale of physical abuse and emotional trauma due to sexual assault. Her compelling story of a night out with friends gone horribly wrong was told by explaining the before, during and after aspects of being sexually assaulted.

"I found that persistency gives credibility," said Chesson. "By empowering myself I can impact others. There are wives, daughters and co-workers out there, perhaps standing next to you that have been through what I have been through."

According to the Department of Defense Annual Report on Sexual Assault in the Military, in Fiscal Year 2011 the military services received a total of 3,192



Photo by Douglas H Stutz

NHB's Sexual Assault Awareness Month recognition event was highlighted by guest speaker Tami Chesson, who shared her harrowing tale of physical abuse and lingering emotional trauma due to sexual assault. Her compelling story of a night out with friends gone horribly wrong was told before staff by explaining the before, during and after aspects of being sexually assaulted.

reports of sexual assault involving service members, a one percent increase from the previous fiscal year. In response to the increase, DOD initiated prevention efforts to enhance the knowledge and behaviors of service members to stop a sexual assault before it occurs. SAAM is one way to increase the awareness and preventive factor of sexual assault.

Everyone has a role in stopping sexual assault and localizing SAAM activities provides every command a great way to extend this message.

One such role is filled by staff members who volunteer as victim advocates. According to Hospital Corpsman 2nd Class Blake Hite, victim advocates are specially trained to assist victims in finding their own route to recovery by advising them on such procedures as reporting options

and various resources.

"This role is important because we are the only people who have the victims - and only the victims - best interest in mind," said Hite. "The victims can count on their advocate to unwaveringly be by their side throughout all of the struggles they will encounter."

Hospital Corpsman 1st Class Laura Blanco, Branch Health Clinic Bangor Dental Leading Petty Officer, notes that victim advocates are vital in their support.

"It's important for our victims to know they have someone to turn to. Someone who understands military culture, someone who offers confidentiality, someone who can help them work through barriers, and someone who will be there until they are no longer needed," said Blanco.

## PROCEDURE

From page 5

Jones. "The staff at Labor and Delivery here knows how hectic it can be so we programmed the simulator to say things that realistically a woman having a baby would say. If you've ever been there, you might know what a woman might say. If you haven't, you can use your imagination and we can make Noelle say it."

Post delivery features include the simulated monitoring of mother Noelle and baby Hal's vital signs and any programmed complications that could be used for further extended training.

NHB's Simulation Center has existed for more than three years to provide health care providers with a chance to accu-

rately replicate the experience of giving patient care. These tasks can range from the mundane to highly complex and can cover every skill level.

"The mission (of the Simulation Lab) is to develop and maintain the skills of our health care staff and become the go-to source of skills development for regionally based military personnel," said Hospital Corpsman 2nd Class Blake Hite, NHB's Simulation Lab program manager.

The Simulation Lab goal is to develop both didactic and kinesthetic skills through the use of low, medium, and high fidelity simulation, said Hite. These realistic simulations build communication skills, develop leaders in high stress situations, and keep important yet sometimes rarely used skills honed.



# Africa Partnership Station brings medical practitioners together

By U.S. Army Specialist Jeffery Hernandez, Commander, U.S. Naval Forces Europe-Africa/U.S. 6th Fleet Public Affairs

MANOKA, Cameroon - U.S. and Cameroonian forces wrapped up the last of three consecutive bi-lateral civil-military engagements with the conclusion of a combined health outreach April 5.

U.S. Navy and Air Force medical personnel teamed with military and civilian professionals from Cameroon to provide a variety of health care services to approximately 1,300 people in a five-day stretch.

The month-long engagement, which also consisted of construction of two health outposts and a medically-focused professional exchange, served to strengthen the U.S.-Cameroon partnership and increase the capacity of military and civilian medical practitioners.

"It's a great time when we have engagements like this one for our people to see and experience the level of training we are getting from the Americans and show our presence in the villages as well," said Cameroonian Col. Abeng Mbozo'o, chief medical physician, 2nd Military Region Hospital in Douala, Cameroon.

The efforts fall under Africa Partnership Station (APS), an international security cooperation initiative, facilitated by Commander, U.S. Naval Forces Europe-Africa, aimed at strengthening global maritime partnerships through training and collaborative activities to improve maritime safety and security in Africa.

"Coming to countries like Cameroon and teaching medical techniques not only helps the local population, it also



U.S. Army photo by Spc. Jeffrey Hernandez

Cmdr. Amy Wootten, assigned to Naval Hospital Portsmouth, Va., teaches a class on proper infant care to Battalion d'Intervention Rapide (BIR) personnel during a health care workshop as part of Africa Partnership Station (APS) 2013.

makes the relationship our two countries have even stronger," said Cmdr. Amy Wootten, assigned to Naval Hospital Portsmouth, Va.

Those that were part of the medical exchange also participated in the outreach. Ideas shared during the exchange were meant to enable local military, Battalion d'Intervention Rapide (B.I.R.) and Ministry of Health personnel to provide more effective health services.

"My experience to Cameroon is one I will never forget because of the country's people, culture and how eager they are to learn and improve their country," said Cmdr. Timothy Mott, assigned to Naval Hospital Pensacola, Fla.

As part of the outreach, the joint military medical team provided health care in pediatrics, primary care, optometry, child/maternal health care education while the Ministry of Health provided immunizations for vaccine-preventable diseases.

U.S. and Cameroon medical professionals worked side-by-side to provide care for the Manoka population.

As part of the U.S. Navy's global maritime partnerships, APS was developed to support sustained, focused training and multinational and organizational collaboration on a regional scale in order to increase maritime safety and security in Africa.



U.S. Marine Corps photo by Cpl. Ashley E. Santy

## Operational Medicine

U.S. Navy Hospital Corpsman Second Class Diana M. Jucutan, field medicine and aerospace medical technician, with Marine Medium Tiltrotor Squadron 264, applies a tourniquet on a simulated casualty at Forward Operating Base Delaram 2, Helmand province, Afghanistan March 31, 2013, during a 2nd Marine Aircraft Wing (Forward) casualty evacuation drill.

# Beaufort recognized for contributions to safety, occupational health

By Regena Kowitz, Naval Hospital Beaufort Public Affairs

BEAUFORT, S.C. - Naval Hospital Beaufort was named as the runner up for the Chief of Naval Operations (CNO) Individual and Activity Awards for Excellence in Safety Ashore fiscal 2012 in the Medium Command Non-Industrial Category April 3.

The naval hospital was the only Navy Medicine command to be recognized.

"The CNO Award for Excellence in Safety Ashore recognizes commands that have provided outstanding support of safety and occupational health initiatives and have made significant achievements in those areas," said Capt. Joan Queen, Naval Hospital Beaufort's commanding officer. "To be recognized as a runner up, and to be the only medical facility to do so, really speaks volumes about the professionalism and diligence of not only the staff in our safety and occupational health departments, but of everyone who works at the hospital. Safety is truly a group effort and everyone does their part to ensure that Naval Hospital Beaufort is a safe and hazard-free environment for patients and employees alike."

Naval Hospital Beaufort was nominated for the award based on performance measures, best practices, and comprehensive safety reports that are submitted throughout the year.

In addition to mishap rates significantly below Navy Medicine East (NME), the Bureau of Medicine and Surgery (BUMED), and Bureau of Labor and Statistics hospital averages, which led to the nomination for the CNO award, the hospital was also recognized by the Medical Inspector General in fiscal



*Courtesy photo*

Naval Hospital Beaufort

2012 for having an outstanding safety program.

"We were honored to be selected as the BUMED nominee for the CNO Safety Award," said Susan Hollingsworth, Naval Hospital Beaufort's command safety manager. "Recognition as the runner up in our category competing with Navy activities world-wide is an exceptional accomplishment and validates what we already knew - we have leadership and staff who are committed to providing a safe environment in which to work and provide patient care."

Naval Hospital Beaufort was also recently awarded for having the best Safety Program in NME for fiscal 2012.

## Military Child Month salutes children's contributions

By Terri Moon Cronk, American Forces Press Service

WASHINGTON - During April's Month of the Military Child, the Defense Department recognizes the support provided by and sacrifices made by military children, said Barbara Thompson, director of DOD's office of family policy/children and youth.

Since 1983, DOD has recognized military children for the support they provide to their families. There are now 1.8 million children in the military system, Thompson said.

"Military children, youth and teens are an integral part of their military parent because they stand by them, they're proud of them, they recognize their sacrifices and they take on additional responsibilities to meet the needs of their

families," she said.

Military children also receive national-level recognition, Thompson said. Following a presidential study directive in January 2011, she said, the cabinet secretaries signed a letter of support from their departments to military communities.

Based on that directive, the DoD has partnered with the Department of Agriculture and Health and Human Services to increase the availability of high-quality child care off the installation, she said, adding that 66 percent of military families live off base.

Thompson said she hopes civilian communities will also reach out to military children.

"Our military children are embedded in their school systems and their neighborhoods," she said.

Military installations will celebrate the Month of the Military Child with activities such as parades, face painting, carnivals and other events that children enjoy, Thompson said. Activities information, she said, will be available through base newspapers, youth centers, child development center and family support centers.

Even though the number of children with a deployed parent has decreased because of the U.S. military's drawdown in Afghanistan, military families continue to face deployments, humanitarian missions and training, Thompson said.

Regardless of the mission, military families are separated during times of holidays and children's birthdays, she said.

"That's why we recognize that children serve, too," Thompson said.

### Got News?

If you'd like to submit an article or have an idea for one, contact MEDNEWS at 703-681-9032 or Valerie.Kremer@med.navy.mil





# NAMRU-3 supports disease surveillance in Mauritania

## From NAMRU-3 Public Affairs

CAIRO – The U.S. Naval Medical Research Unit No. 3 (NAMRU-3) is assisting the Islamic Republic of Mauritania to augment its national influenza reference laboratory and establish a viral hemorrhagic fever (VHF) molecular identification capability.

Mauritania is striving to meet the 2005 International Health Regulation implementation benchmarks while managing the public health response to endemic and recurring VHF outbreaks.

With Department of State and Global Emerging Infections Surveillance and Response System funding, staff members from NAMRU-3's Viral and Zoonotic Disease Research Program traveled to Nouakchott to evaluate influenza surveillance activities and work on capacity building efforts at the Institut National de Recherches en Santé Publique (INSRP) and also assist the Ministry of Health (MoH) to develop a VHF surveillance network.

The team conducted an assessment of influenza-like illness and severe acute respiratory illness sentinel sites at the Centre Hospitalier National and Polyclinique de Nouakchott. They also conducted on-site refresher training on proper storage and transport of surveillance samples to maintain cold chain integrity. They trained five staff members on influenza typing and sub-typing.

"One of the key goals in establishing a National Influenza Center in Mauritania is to provide the opportunity for representative influenza isolates in the AFRI-COM region to be available for consideration during the biannual WHO/CDC influenza vaccine selection meetings," said Lt. Gabriel Defang, deputy head of NAMRU-3's Viral and Zoonotic Diseases Research Program.

The NAMRU-3 team also assisted the MoH in developing protocols for conducting human and animal surveillance for viral hemorrhagic fever diseases.

As part of the VHF laboratory capacity building initiative, the team conducted a three-day training session on molecular and serological techniques in detecting VHF pathogens. During the hands-on training, INRSF technicians used archived, untested samples from a recent hospital-based cluster of unidentified

hemorrhagic disease. Molecular testing indicated that some of the samples were positive for Rift Valley Fever, a hemorrhagic disease associated with high mortality.

The positive results confirmed, for the first time, the identity of the pathogen associated with the recent cluster. The successful completion of the training provided confirmatory diagnosis of VHF agents, which is a major milestone in Mauritania's public health capability. This service had previously been provided by the Institut Pasteur in the neighboring country of Senegal.

The Secretary General of the MoH, the Honorable Sidi Ali Boubacar, said he was delighted with the new lab capabilities and thanked NAMRU-3 for its assistance. NAMRU-3 will continue to work with the INRSF and the MoH to strengthen disease monitoring and other public health capacities in Mauritania.

"With the presence of international military forces fighting extremists in neighboring Mali, effective disease surveillance in Mauritania will provide critical force health protection medical data for international allied troops in Mali," said Defang.



Photo by Lt. Gabriel Defang

NAMRU-3's Mustafa AbdelAziz conducts training for Institut National de Recherches en Sante Publique lab staff on viral hemorrhagic fever enzyme-linked immunosorbent assay techniques.



Photo by Mustafa AbdelAziz

Secretary General of the Mauritania Ministry of Health (second from right) thanks Lt. Gabriel Defang (far right), deputy head of NAMRU-3's Viral and Zoonotic Diseases Research Program, during the viral hemorrhagic fever outbreak in Nouakchott, Mauritania.

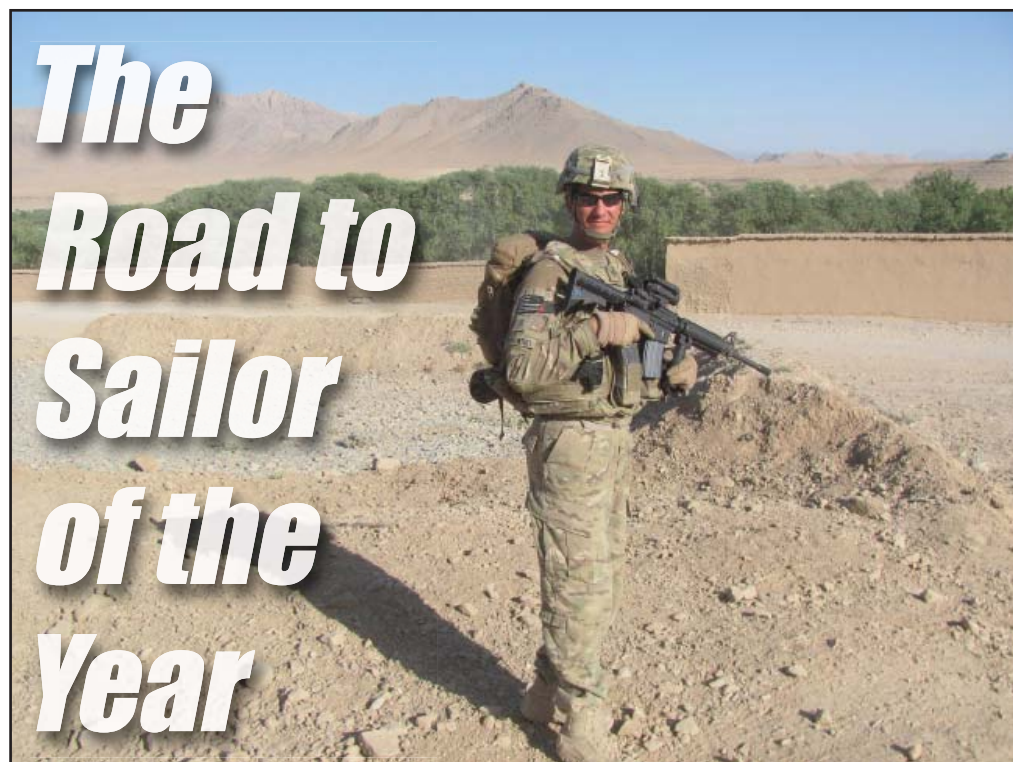
**By Hospital Corpsman 1st Class  
Jonothan Tarkowski, Walter Reed  
National Military Medical Center**

As a young recruit exiting the bus at Great Lakes boot camp in May 1987, I never imagined to have the career or experiences in the Navy that I am so fortunate to have been a part of. I certainly never expected to be named as the 2012 Navy Medicine Sailor of the Year. That honor has been a humbling experience and one that has introduced me to awesome leaders who help mold the future of our Navy on a daily basis.

I took a break from active duty in 1997 to fulfill a childhood dream of being a police officer and in 2006 I made the decision to return to active duty once again to serve my country. I was offered the opportunity to become a Navy corpsman and gratefully accepted. I knew a little about the job from my step-father, a United States Marine who served in Vietnam, and the draw towards medicine comes from my mother who has spent 40 years as a civilian nurse back in Oklahoma.

From the first day after graduating Hospital Corpsman "A" School I was proud of the traditions and heritage of the Corps but taking care of the junior Sailors has always been my true passion. I can remember my first mentor, Aviation ASW Operator 1st Class Robert Gordon, who took me under his wing and helped me during my first tour. I would have been lost without his guidance. I see the future of our Department of Defense Medicine in the eyes of those young Sailors, Soldiers and Airmen that I serve with here at Walter Reed National Military Medical Center Bethesda and know we are in good hands.

Shortly after being selected as the Command Sailor of the Year, I began to look more in-depth at the programs and reflecting back on how those policies are affecting our junior service members. Being able to sit down and keep them informed on changes in policy has helped me as I progressed to the National Capital Region Navy Medicine board. The candidates again were of the highest caliber. The Navy Medicine boards were



*Photo courtesy of Hospital Corpsman 1st Class Jonothan Tarkowski*

Hospital Corpsman 1st Class, Jonothan Tarkowski on patrol in Afghanistan.

intimidating because the winner would represent Navy Medicine for the entire U.S. Navy.

As the board concluded for the day the candidates had the chance to tour the National Mall. I had the opportunity to get to know all of the fellow First Classes as we shared three hours walking around the Mall, learning that each of us have the same strong desire to see our juniors Sailors succeed.

After being announced as the Navy Medicine Sailor of the Year, an honor that still has not sunken in, it was back to work helping prepare our Sailors for upcoming command boards.

Deputy Hospital Corps Director, Hospital Corpsman, Master Chief Bradley McIntire, U.S. Navy Bureau of Medicine and Surgery (BUMED), visited my command a few days later to inform me that I had been selected from 11 candidates across the fleet to participate in the Direct Report Naval Shore Activities (OPNAV) Sailor of the Year board scheduled the next day via video teleconference.

To prepare for each of the boards I had immersed myself, studying everything

from memorizing the Navy Ethos to learning Naval History to scouring the latest NAVADMINS for policy changes with a focus on how this will affect myself and more importantly the junior Sailors.

The most nervous part of this whole process was when Chief Hospital Corpsman Stephen Pierle, my mentor, advised me to report to the Admiral's office at 1500 a few days after the previous board concluded. As time passed I began to wonder if the meeting was to announce that I was not selected. With my wife standing anxiously in the Admiral's office and surrounded by my mentors; Force Master Chief Sherman Boss, director, Hospital Corps, BUMED, announced via telephone that I had been selected and would now compete for the Chief of Naval Operations Shore Sailor of the Year in mid-April.

It has been a wonderful experience, one that I am humbled to be a part of and filled with opportunities to meet fellow first classes and senior leadership who all share the desire to see our junior Sailors succeed.

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